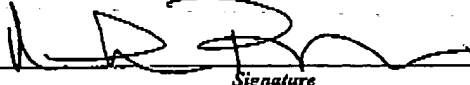


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Fitts et al.			RGP-0072
Serial No. 10/053,346	Filing Date January 18, 2002	Examiner Not Assigned	Group Art Unit 1745
Invention: Apparatus and Method for Electrochemical Cell Components			
<p>I hereby certify that this <u>Preliminary Amendment (16 pgs.), Transmittal (1pg.), Cert. of Trans. by Fax</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9310</u>)</p> <p>on <u>May 12, 2003.</u> (Date)</p> <p style="text-align: right;">B</p> <p style="text-align: right;">MAY 13 2003</p> <p style="text-align: center;"><u>Connie Wussow</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: center;"><u>Connie Wussow</u> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. RGP-0072	
Applicant(s): Fitts et al.					
Serial No. 10/053,346	Filing Date January 18, 2002	Examiner Not Assigned		Group Art Unit 1745	
Invention: Apparatus and Method for Electrochemical Cell Components					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	89	89	0 x	\$18.00	\$0.00
INDEP. CLAIMS	9	8	1 x	\$84.00	\$84.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$84.00
<div style="margin-top: 10px;"><input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 06-1130 in the amount of \$84.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div>					
<div style="text-align: center;"> Signature</div> <div>Leah M. Reimer Registration No. 39,341 Customer No. 23413</div>			Dated: May 12, 2003		
<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</div> <div style="text-align: center; margin-top: 10px;">Signature of Person Mailing Correspondence</div> <div style="text-align: center; margin-top: 10px;">VIA FACSIMILE</div> <div style="text-align: center; margin-top: 10px;">Typed or Printed Name of Person Mailing Correspondence</div>					
CC:					